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DAVID GOULD

02/12/2013 21:26 FAX

CITY CLERK

497 Contribution Report

2013 FEB 13 AM 7:45

Type or print in ink.
Amounts may be rounded to whole dollars.

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497
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NAME OF FILER ZAREH SINANYAN FOR CITY COUNCIL 2013		Date of This Filing 02/12/2013	Date Stamp 497 For Official Use Only
AREA CODE/PHONE NUMBER 213-489-4792	I.D. NUMBER (if applicable)	Report No. 1	
STREET ADDRESS 3700 WILSHIRE BLVD., SUITE 1050B		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY LOS ANGELES, CA	STATE CA ZIP CODE 90010	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/11/2013	Nuran Sinanyan 3299 Kirkham Drive Glendale, CA 91206-1131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

CITY CLERK

497 Contribution Report 2013 FEB 13 AM 7:45

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497 CONTRIBUTION REPORT

NAME OF FILER ZAREH SINANYAN FOR CITY COUNCIL 2013		Date of This Filing 02/12/2013	Date Stamp	497 For Official Use Only
AREA CODE/PHONE NUMBER 213-489-4792	I.D. NUMBER (if applicable)	Report No. 2		
STREET ADDRESS 3700 WILSHIRE BLVD., SUITE 1050B		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY LOS ANGELES, CA	STATE CA	ZIP CODE 90010	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/11/2013	Sossi Babelian 4811 Ocean View Blvd. La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Assistant Central Valley	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/11/2013	Antranik Baghdassarian 48811 Ocean View Blvd. La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner/Businessman Karoun Dairies, Inc.	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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FPPC Form 497 (March/2011)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)